

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90196 042 ***150.00

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DOCUMENT # P99000100982

1. Entity Name
EAGLE BAY WOOD PRODUCTS, INC.



Principal Place of Business
**4190 ALDERGATE PLACE
WINTER SPRINGS FL 32708**

Mailing Address
**4190 ALDERGATE PLACE
WINTER SPRINGS FL 32708**

2. Principal Place of Business
217 Cress Run

3. Mailing Address
217 Cress Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number **59-3649189**

Applied For

Not Applicable

Zip Country
32765 Seminole

Zip Country
32765 Seminole

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, TIM
4190 ALDRGATE PLACE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONTGOMERY, TIM**
STREET ADDRESS **4190 ALDERGATE PL.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1-7-03

407-971-6049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)